

FILED SEP 17 1957

STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER 33657
3088

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Jewish Hosp.				Length of stay in lb 6 wks		d. STREET ADDRESS 4110 St. Louis Ave (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNIE Middle HUDDLESTON Last 21/				4. DATE OF DEATH Month 8 Day 27 Year 57			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1887 abt 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Aberdeen, Miss.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Charlie Wofford			
14. MOTHER'S MAIDEN NAME Sophia Gladney				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT Belma Adams, 4110 St. Louis Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident with resulting right hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 6.5 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331x			
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION St. Louis, Missouri			
21. I attended the deceased from July 10 to Aug 27 and last saw her alive on Aug 27 . Death occurred at 9:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joe. M. Orenstein, M.D.				22b. ADDRESS 4500 Olive St			
22c. DATE SIGNED 8/29/57				23a. BURIAL, CREATION, REMOVAL (Specify) Removal			
23b. DATE 8/30/57				23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery			
23d. LOCATION (City, town, or county) St. Louis, Missouri				23e. DATE RECD. BY LOCAL REG. AUG 29 57			
23f. REGISTRAR'S SIGNATURE Joe. M. Orenstein, M.D.				23g. REGISTRAR'S SIGNATURE Joe. M. Orenstein, M.D.			
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney				25. DATE RECD. BY LOCAL REG. AUG 29 57			
26. REGISTRAR'S SIGNATURE Joe. M. Orenstein, M.D.				26. REGISTRAR'S SIGNATURE Joe. M. Orenstein, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward C. Flynn*.....

Licensed Embalmer No. *444*

P. O. Address *4107 Finns*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.